



AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

February 21, 2017

Ms. Allyson Sweeney, Manager
The Residence At Shelburne Bay East
185 Pine Haven Shores Road
Shelburne, VT 05482-7805

Dear Ms. Sweeney:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on January 25, 2017. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

A handwritten signature in cursive script, appearing to read "Pamela M. Cota".

Pamela M. Cota, RN
Licensing Chief



FEB 20 2017

PRINTED: 02/08/2017
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 1009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/25/2017
NAME OF PROVIDER OR SUPPLIER THE RESIDENCE AT SHELBURNE BAY EAST		STREET ADDRESS, CITY, STATE, ZIP CODE 185 PINE HAVEN SHORES ROAD SHELBURNE, VT 05482		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: The Division of Licensing and Protection conducted investigations of 2 complaints and 1 self report on 1/23/17 and 1/25/17. Regulatory violations were cited as a result.	R100		
R179 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services 5.11.b The home must ensure that staff demonstrate competency in the skills and techniques they are expected to perform before providing any direct care to residents. There shall be at least twelve (12) hours of training each year for each staff person providing direct care to residents. The training must include, but is not limited to, the following: (1) Resident rights; (2) Fire safety and emergency evacuation; (3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid; (4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation; (5) Respectful and effective interaction with residents; (6) Infection control measures, including but not limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and (7) General supervision and care of residents. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the	R179	R179 What action will you take to correct the deficiency? An audit was conducted on direct care staff completion of mandatory training. Any direct care associate that has not completed mandatory in-services by 4/21/17 will not be allowed to work until mandatory in-services are completed. What Measure will be put into place or what systemic changes will you make to ensure that the deficient practice does not reoccur? The Clinical Educator will complete a monthly report to The Resident Care Director to include any associates that are not meeting mandatory in-service requirements, as well as yearly 12 hour in-service requirement. The community has a yearly in-service calendar (attached). How will the corrective actions be monitored so deficient practice does not reoccur? The Resident Care Director will review the Monthly Report from the Clinical Educator. Associates not meeting the in-service requirement will be notified. Annually in December the RCD and Clinical Educator will review In-service standings for all direct care. Dates the corrective action will be completed? 4/21/17	

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

T4RR11

If continuation sheet 1 of 3

R179 + R206 POC's accepted 2/21/17 RRemblay/pmlme

Division of Licensing and Protection

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R179	Continued From page 1 facility failed to insure that 4 out of 6 direct care staff reviewed received at least twelve (12) hours of training each year which includes the seven (7) mandated trainings. Findings include: During review of employee files for mandatory trainings for 6 (six) randomly selected employees, 4 (four) Resident Care Assistants (RCA), 1 (one) Registered Nurse and 1 (one) Licensed Practical Nurse, there was no evidence of training being provided by the facility. Per interview with the Resident Care Director (RCD) at 1:45 PM, s/he stated that there are monthly mandated staff meetings and trainings and further stated that the training record was not up to date. The RCD requested that a print out of the mandatory in-services be obtained from the Clinical Educator. At 3:12 PM, the RCD presented a partial list that indicated that the RCAs had received some training, but none of the seven (7) mandatory required trainings were completed. The RCD also confirmed at this time that the RN and the LPN had not received the required 7 (seven) trainings.	R179		
R206 SS=B	V. RESIDENT CARE AND HOME SERVICES 5.18 Reporting of Abuse, Neglect or Exploitation 5.18.a The licensee and staff shall report any case of suspected abuse, neglect or exploitation to the Adult Protective Services (APS) as required by 33 V.S.A. §6903. APS may be contacted by calling toll-free 1-800-564-1612. Reports must be made to APS within 48 hours of learning of the suspected, reported or alleged incident.	R206	What action will you take to correct the deficiency? The community and staff will report any case of suspected abuse, neglect or exploitation to Adult Protective Services within 48 hours of learning of the suspected, reported or alleged incident. What Measure will be put into place or what systemic changes will you make to ensure that the deficient practice does not reoccur?	

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R206	Continued From page 2 This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to report any case of suspected abuse, neglect or exploitation to the Adult Protective Services (APS) as required for 1 applicable resident (Resident # 2) . Findings include: Per staff interview and record review, Resident # 2 was allegedly abused on 11/8/16. Facility staff did not report this allegation until 14 days after the incident. The Resident Care Director confirmed on 1/25/17 that the incident was not reported to Licensing and Protection until 11/22/16.	R206	All associates receive training on abuse, neglect and exploitation upon hire and at least annually thereafter. Retraining on Abuse, neglect and exploitation has begun and all associates will receive this training by 4/21/17. How will the corrective actions be monitored so deficient practice does not reoccur? Associates failure to report abuse, neglect or exploitation will result in corrective action that may result in termination and reporting top the appropriate licensing agencies. Dates the corrective action will be completed? 4/21/17		